

STATE OF CALIFORNIA - BUSINESS, TRANSPORTATION A

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Safety Branch
1377 Fell Street, 2nd Floor
San Francisco, CA 94117-2296

Telephone: (415) 557-1170 FAX: (415) 557-7375

ADMINISTRATIVE PER SE
NOTICE OF FINDINGS AND DECISIONU.S. DISTRICT COURT
NO. DIST OF CA

DS290092107N4410933LEH072907

Michael Marshal Lehman
4217 Del Mar Ave
Carpenteria, Ca 93013

FILED

2008 JAN 25 AM 11:36

RICHARD D. MEKING

CR267-0532 JCS
USA v Michael Lehman

DRIVER LICENSE OR FILE NO.

N4410933

ARREST DATE

The evidence presented at your hearing held on _____, has been considered.

FINDINGS **Blood Alcohol Concentration** 0.08% or more BAC OR 0.04% or more BAC in a commercial motor vehicle.

1. The peace officer had reasonable cause to believe you were driving a motor vehicle in violation of §23152 or §23153 CVC.
2. You were lawfully arrested.
3. You were driving a motor vehicle when you had 0.08% or more, by weight, of alcohol in your blood.

OR

You were driving a commercial motor vehicle when you had 0.04% or more, by weight, of alcohol in your blood.

 Refusal To Submit To Or Failure To Complete A Chemical Test

1. The peace officer had reasonable cause to believe you were driving a motor vehicle in violation of §23152 or §23153 CVC.
2. You were lawfully arrested.
3. You were told that your driving privilege would be suspended for one year, or revoked for two or three years if you refused to submit to, or failed to complete, a chemical test.
4. You refused to submit to, or failed to complete, a chemical test after being requested to do so by a peace officer.

Additional findings of fact and a determination of issues are available upon request.**DECISION** The stay is ended. The suspension or revocation effective July 29, 2007, is proper and required. The suspension/restriction of your commercial driver license is proper and required. The suspension is effective _____ through _____.
The restriction to and from and during the course of employment is effective _____.

Please surrender any driver license in your possession to this department. Failure to surrender your license is a misdemeanor under §14610 VC.

THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT**ADDITIONAL INFORMATION**

Before a driver license can be issued or returned to you after November 28, 2007, a \$125 reissue fee must be paid to DMV pursuant to §14905 VC and you must file proof of financial responsibility by a California Insurance Proof Certificate, SR 22, as shown on the reverse or attached. You must maintain proof of financial responsibility for three years. If you drive while your driving privilege is suspended or revoked, you may be arrested and, if convicted, jailed, and/or fined. Completion of a Driving Under the Influence (DUI) program licensed pursuant to §11836 of the Health and Safety Code is required if convicted of a violation of §§23140, 23152, or 23153 VC.

APPEAL RIGHTS

You are entitled to a departmental review of this decision. A request for departmental review does not stay the action. The review shall be limited to an examination of the hearing report, any documentary evidence submitted at the hearing, and the findings of the hearing officer or board. It will not include a personal interview nor review of evidence not presented at the hearing. To have this review, you must submit your written request with \$120 for any action taken pursuant to §13353 VC or §13353.2 VC to the address shown above within 15 days from the date shown below.

You may request a court review of this action by contacting the superior court in your county of residence within 30 days (personal service) 34 days (mailed) 90 days (personal service) 94 days (mailed) of the date shown below.

Cc: Warner Berry, Attorney At Law

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify under penalty of perjury, under the laws of the State of California, that on the date below, I:

 presented to the person named above a true copy of this document. deposited in the United States mail at the address shown above, at _____, a true copy of this document, in a sealed envelope, with postage prepaid, addressed to the person as shown on this document; that I am over the age of eighteen years, an employee of the Department of Motor Vehicles at the business address as shown above in the county where the office is located; and that I am not a party to the cause herein mentioned.

DATE

September 21, 2007

NAME OF AUTHORIZED DMV EMPLOYEE

H. W.

SIGNATURE OF AUTHORIZED DMV EMPLOYEE

X

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922